

DEPARTMENT OF BENEFIT PAYMENTS

March 6, 1974

ALL-COUNTY LETTER NO. 74-41

TO: ALL COUNTY WELFARE DIRECTORS

Superseded by

ACL 77-15

Issued 3-17-77

OBSOLETE

SUBJECT: STATE SUPPLEMENTAL PROGRAM - SPECIAL CIRCUMSTANCES PAYMENTS

REFERENCE:

This letter is to provide instructions to counties for implementation of the special circumstances provisions under the State Supplemental Program effective January 1, 1974. Emergency regulations have been adopted and sent to your county. Fiscal and claiming procedures will be issued in the near future.

GENERAL PROVISIONS

Special circumstances are defined by AB 134 as those which are not common to all recipients and which arise out of need for certain goods or services, and physical infirmities and other conditions peculiar on a nonrecurring basis to the individual's situation. As specified by law, these special circumstances include:

1. Replacement of essential household furniture and equipment when lost, damaged or destroyed by a catastrophe;
2. Replacement of clothing when lost, damaged or destroyed by a catastrophe;
3. Necessary moving expenses;
4. Required housing repairs;
5. Unmet shelter needs; and
6. Property tax relief.

A person must be either (1) an eligible SSI/SSP recipient, or (2) an SSP ONLY recipient (that is, a person receiving SSP through the county because he owns a home valued in excess of \$25,000), in order to receive a special circumstances payment, as identified in items 1 through 5 above. A property tax relief allowance, item 6, is available to APSB recipients as well as the SSI/SSP or SSP only recipients.

Except for the property tax allowance, the costs of any special circumstances need must be met by first requiring the recipient to utilize his available liquid assets.

PROCEDURES

Notification

All recipients of adult aid in December 1973 were notified of the special circumstances provisions by the "Notice of Change in the Delivery of Adult Aid Grant Payment Checks Due to Change in Law," mailed with the January 1, 1974, Medi-Cal I.D. cards (Attachment I). Recipients were directed to inquire at the county welfare department for details.

New SSI/SSP applicants will be informed about special circumstances by the SSA District Office and referred to the county. The county will be responsible, upon inquiry, for explanation of the specific provisions as set forth in the regulations (46-425).

Application and Verification

Recipients shall apply for a special circumstances payment by completing form SSP 4, "Application for Special Circumstances Allowance," (Attachment II). The county shall use form SSP 4A, "Verification of Need for a Special Circumstances Allowance," to verify and compute payments for special circumstances, completing the front side for needs other than property taxes, and the back side for property taxes.

The county will verify SSI/SSP or SSP only eligibility, the special circumstance, liquid assets and the amount of payment. Eligibility for SSI/SSP may be established by using the monthly "Title XVI Eligibility File." If that file is not yet available for the current month or the applicant has been just recently approved, obtain eligibility information from the local SSA District Office or by using an SSA 1610. SSP only recipients may be determined eligible from county records.

Payment

The county will establish a case folder containing a payment record and related documents. Numbering of these case records shall be as follows:

1. For an SSI/SSP recipient, use his new 14-digit Title XVI welfare case number, consisting of a 2-digit county code, 2-digit aid code (10, 20, 60), 1-digit Title XVI program I.D. (9), and the 9-digit Social Security number. For example, a Los Angeles County aged SSI/SSP recipient would be numbered 19-10-9-000 00 0000 (SSAN).

If your county system cannot yet accommodate this 14-digit number, continue to use the Division 23 system until June 30, 1974. After that date, the 14-digit number will be required. New SSI/SSP recipients approved by SSA after January 1 should be issued a Division 23 number until June 30, 1974.

2. For an SSP only recipient (\$25,000 home cases), use the Division 23 number with aid category codes 15 (aged), 25 (blind), and 65 (disabled).
3. For the APSB recipient continue to use the existing numbering system outlined in Division 23 of the manual.

Payments for special circumstances will be made in arrears except for property tax payments which may be made on a continuing grant basis. For approved special circumstances payments other than property taxes, the county will use form SSP 4B, "Prior Approval Authorization," (Attachment IV) to advise the recipient to proceed with his arrangements to meet his special circumstances situation. The county shall complete the SSP 4B in triplicate, sending the original and one copy to the recipient. The remaining copy shall be filed in the case record.

The recipient must submit the proper invoices, bills, contracts, etc. with a copy of the SSP 4B before the county can complete the payment to the recipient. Counties shall complete the authorization and payment process for all special circumstances by using the existing 278 L-M procedures.

Forms

Forms SSP 4, SSP 4A and SSP 4B are mandatory forms which will be provided you by the state. Your initial supply will be forwarded to you within a few days. This will be followed up with a larger supply within the next two to three weeks. If necessary these forms may be reproduced locally. Any changes or alterations in the format or content of these forms will require approval of the Adult Program Management Branch at (916) 445-0813.

If you have any further questions, please contact the Adult Program Management Branch at (916) 445-0813.

Sincerely,



DENNIS O. FLATT
Deputy Director
Welfare Program Operations

Attachments

cc: CWDA

**NOTICE OF CHANGE IN THE DELIVERY OF ADULT AID GRANT
PAYMENT CHECKS DUE TO CHANGE IN LAW**

Effective December 31, 1973, the OAS, AB and ATD public assistance programs will no longer be administered by your county welfare department. On or about January 2, 1974, you will receive a gold-colored check from the Social Security Administration of the United States Department of Health, Education, and Welfare. This is called the Supplemental Security Income/State Supplementary Program (SSI/SSP), established by the federal law known as HR-1 and state law Chapter 1216, Statutes of 1973. If you are now receiving social security, your SSI/SSP check will be in addition to the green-colored check you have been receiving. If you received a December 1973 public assistance grant check, you do not need to apply to get this new check — it will come to you automatically. If, however, you have received a discontinuance notice of action prior to this notice, this notice does not affect you.

In addition to your basic grant check, \$25 (\$50 for a couple) can be allowed OAS or ATD recipients whose living arrangements prevent preparation of meals at home. If your living arrangements meet this situation, communicate this to your county welfare department.

The federal law provides that no recipient who received public assistance in December 1973 is to receive less in January 1974, if his eligibility and need circumstances remain unchanged. Your January check will reflect the larger amount of either (a) your December 1973 grant amount, or (b) amount up to the new grant maximums.

(Continued on back)

NOTICE (Continued)

As long as you maintain eligibility for the new SSI/SSP program, you will have available to you the following services to be delivered through your local county welfare department:

1. Social Services and In-Home Supportive Services. If you need help with your health, living arrangements, or have other problems, make your request to the county welfare department.
2. Special circumstances or special needs which are "not common," or are of a "nonrecurring type," or property tax allowance for aged, blind or disabled recipients who are 62 years of age or older who own or are purchasing their own home. If you believe you would be eligible for these special circumstances, make your request to the county welfare department.
3. Food stamp benefits until or unless notified to the contrary. Effective with the January food stamp issuance, however, food stamp allotments, and some purchase prices, will be adjusted.

Medi-Cal I.D. cards will continue to be issued by the Department of Health.

If you have any questions, contact your local Social Security Administration office.

Department of Social Welfare
State of California

APPLICATION FOR SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)

NAME			COUNTY USE ONLY
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	
ADDRESS (NUMBER, STREET, APARTMENT NO., CITY, ZIP)			TELEPHONE NUMBER

1. Are you currently receiving benefits from the State Supplementary Program for the Aged, Blind and Disabled? ☐ Yes ☐ No
2. a. Are you married? ☐ Yes ☐ No
- b. If Yes, is your spouse also a recipient under the State Supplementary Program? ☐ Yes ☐ No
3. Do you own your home? ☐ Yes ☐ No
4. Property Taxes: Do you and your spouse pay property taxes on your home in excess of \$180 a year? ☐ Yes ☐ No
- If Yes, indicate the amount of your most current property tax bill \$ _____

NOTE:

A. IF THIS REQUEST IS ONLY FOR A PROPERTY TAX ALLOWANCE - STOP - GO TO LINE 9 AND SIGN THIS FORM.

B. IF THIS REQUEST IS FOR SPECIAL NEEDS OTHER THAN PROPERTY TAX - COMPLETE THE ENTIRE FORM.

5. List all liquid assets you or you and your spouse own, such as bank accounts, or other cash reserves:

ITEM

AMOUNT

6. Have you experienced a catastrophe such as a fire, flood, or earthquake which has damaged your possessions? ☐ Yes ☐ No

Explain: _____

7. If you **OWN** your home, do you need housing repairs in order to make your home safe and healthful? ☐ Yes ☐ No

Explain: _____

8. a. Are you moving away from your current residence? ☐ Yes ☐ No

If Yes, indicate the reason you are moving:

(1) ☐ You've been evicted. (2) ☐ Your current housing is unsafe and unhealthy.

b. Where are you moving to?

NEW ADDRESS

CITY

STATE

c. Is your new residence: (1) A home which you are buying? ☐ Yes (complete d. below) ☐ No

(2) A rental property, i.e., an apartment, etc? ☐ Yes (complete e. below) ☐ No

d. If your new residence is a HOME WHICH YOU ARE BUYING, indicate the costs (IF ANY) of the following:

Down payment \$ _____ Closing costs \$ _____ Real Estate Fees \$ _____

Other costs (explain) \$ _____

e. If your new residence is RENTAL PROPERTY, indicate the costs (IF ANY) of the following:

Utility deposits \$ _____ Rental Fees \$ _____ Cleaning Fees \$ _____

9. CERTIFICATION

I agree to notify the welfare department at once if there are any changes in my sources and amounts of liquid assets, or any change of address.

I understand that proof of my statements on this form is required, and each statement is subject to investigation and verification and my signature constitutes authorization for such investigations.

I declare under penalty of perjury that the foregoing statements on this form are true and correct. (Declaration under penalty of perjury applies to each and every person signing this form except as a witness.)

SIGNATURE OF APPLICANT (IF YOU USE A MARK, ONE WITNESS MUST SIGN BELOW)

DATE SIGNED

PLACE SIGNED (COUNTY)

SPOUSE OR OTHER PARENT (IF LIVING IN THE HOME)

SIGNATURE OF WITNESS

Signature of person completing this form on behalf of applicant (if you have a legal guardian, this person must sign).

I declare under penalty of perjury that the foregoing statements on this form are true and correct. (Declaration under penalty of perjury applies to each and every person signing this form except as a witness.)

SIGNATURE

DATE SIGNED

PLACE SIGNED (COUNTY)

TELEPHONE NUMBER

RELATIONSHIP TO APPLICANT (LEGAL GUARDIAN, SON, WIFE, FRIEND, AUTHORIZED REPRESENTATIVE, ETC.)

ADDRESS

**VERIFICATION OF NEED FOR A
SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)**

NAME			COUNTY USE ONLY
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	
ADDRESS (NUMBER, STREET, APARTMENT NO., CITY, ZIP)			
			TELEPHONE NUMBER

CURRENT SSP STATUS: Eligible this month ☐ Yes ☐ No
VERIFICATION OF NEED:

1. Need determined to be: _____

2. Supporting documentation: _____

3. Gross amount of needs	ITEM	AMOUNT
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		\$ _____
--	--	----------

		\$ _____
--	--	----------

		\$ _____
--	--	----------

Total gross amount of needs:	\$ _____
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Less available liquid assets:

	\$ (_____)
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Balance of needs	\$
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4. ☐ Approved in amount of \$ _____ effective _____☐ Disapproved. Basis: _____

DATE	ELIGIBILITY WORKER NAME	TELEPHONE	NOTIFIED CLIENT ON
Reviewed:	ELIGIBILITY SUPERVISOR	APPROVED	DISAPPROVED
Date:			

COMPUTATION OF SPECIAL CIRCUMSTANCES ALLOWANCE - PROPERTY TAX (EAS 46-425)

A. Determination of Tax Liability			
1. Total amount of tax bill (verify from tax bill)	\$	\$	\$
2. Amount of tax bill attributable to applicant			
3. 1/12th of tax bill amount attributable to applicant	\$	\$	\$
B. Computation Special Circumstances Allowance Monthly Basis			
1. Amount determined in A3 (1/12th of tax bill)	\$	\$	\$
2. Deduct \$15.00 (1/12th of \$180.00)	\$ 15.00	\$ 15.00	\$ 15.00
3. Balance - Monthly special circumstances needs (Not to exceed \$41.67)			
4. Adjustments (for prior period allowances)			
5. Net monthly special circumstances allowance	\$	\$	\$
C. Computation Special Circumstances Allowance Semi Annual Basis			
1. Amount determined in A2 (total yearly amount of tax bill attributable to applicant)	\$	\$	\$
2. Deduct \$180.00	\$ 180.00	\$ 180.00	\$ 180.00
3. Balance - Yearly special circumstances property tax needs .			
4. Semi-annual needs amount ($C3 \div 2$)			
5. Adjustments (for prior period allowances)			
6. Semi annual allowance special circumstances property tax			

USE FOR COMPUTATIONS IF NECESSARY:

DATE	ELIGIBILITY WORKER NAME	TELEPHONE	NOTIFIED CLIENT ON
Reviewed:	ELIGIBILITY SUPERVISOR	APPROVED	DISAPPROVED
Date:			

**PRIOR APPROVAL AUTHORIZATION TO OBTAIN SERVICES
UNDER SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)**

NAME			COUNTY USE ONLY
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	
ADDRESS (NUMBER, STREET, APARTMENT NO., CITY, ZIP)			TELEPHONE NUMBER

You are hereby authorized to purchase, obtain, or contract for the following special circumstance allowance items:

The total cost is estimated to be \$ _____

You will need to use the following resources to partially offset these costs:

Balance of costs to be allowed as special circumstances. \$ _____

When you have completed these needs, IMMEDIATELY bring this authorization form, together with all of the Vendor's invoices, bills, contracts, etc., to this office, so that payment can be made to you.

ELIGIBILITY WORKER	TELEPHONE
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APPLICATION FOR SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)

NAME			COUNTY USE ONLY
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	
ADDRESS (NUMBER, STREET, APARTMENT NO., CITY, ZIP)			TELEPHONE NUMBER

1. Are you currently receiving benefits from the State Supplementary Program for the Aged, Blind and Disabled? ☐ Yes ☐ No

2. a. Are you married? ☐ Yes ☐ No

b. If Yes, is your spouse also a recipient under the State Supplementary Program? ☐ Yes ☐ No

3. Do you own your home? ☐ Yes ☐ No

4. Property Taxes: Do you and your spouse pay property taxes on your home in excess of \$180 a year? ☐ Yes ☐ No

If Yes, indicate the amount of your most current property tax bill \$ _____

NOTE:

A. IF THIS REQUEST IS ONLY FOR A PROPERTY TAX ALLOWANCE - STOP - GO TO LINE 9 AND SIGN THIS FORM.

B. IF THIS REQUEST IS FOR SPECIAL NEEDS OTHER THAN PROPERTY TAX - COMPLETE THE ENTIRE FORM.

5. List all liquid assets you or you and your spouse own, such as bank accounts, or other cash reserves:

ITEM

AMOUNT

6. Have you experienced a catastrophe such as a fire, flood, or earthquake which has damaged your possessions? ☐ Yes ☐ No

Explain: _____

7. If you **OWN** your home, do you need housing repairs in order to make your home safe and healthful? ☐ Yes ☐ No

Explain: _____

8. a. Are you moving away from your current residence? ☐ Yes ☐ No

If Yes, indicate the reason you are moving:

(1) ☐ You've been evicted. (2) ☐ Your current housing is unsafe and unhealthful.

b. Where are you moving to?

NEW ADDRESS _____ CITY _____ STATE _____

c. Is your new residence: (1) A home which you are buying? ☐ Yes (complete d. below) ☐ No

(2) A rental property, i.e., an apartment, etc? ☐ Yes (complete e. below) ☐ No

d. If your new residence is a HOME WHICH YOU ARE BUYING, indicate the costs (IF ANY) of the following:

Down payment \$ _____ Closing costs \$ _____ Real Estate Fees \$ _____

Other costs (explain) \$ _____

e. If your new residence is RENTAL PROPERTY, indicate the costs (IF ANY) of the following:

Utility deposits \$ _____ Rental Fees \$ _____ Cleaning Fees \$ _____

9. CERTIFICATION

I agree to notify the welfare department at once if there are any changes in my sources and amounts of liquid assets, or any change of address.

I understand that proof of my statements on this form is required, and each statement is subject to investigation and verification and my signature constitutes authorization for such investigations.

I declare under penalty of perjury that the foregoing statements on this form are true and correct. (Declaration under penalty of perjury applies to each and every person signing this form except as a witness.)

SIGNATURE OF APPLICANT (IF YOU USE A MARK, ONE WITNESS MUST SIGN BELOW)

DATE SIGNED

PLACE SIGNED (COUNTY)

SPOUSE OR OTHER PARENT (IF LIVING IN THE HOME)

SIGNATURE OF WITNESS

SIGNATURE OF PERSON COMPLETING THIS FORM ON BEHALF OF APPLICANT (IF YOU HAVE A LEGAL GUARDIAN, THIS PERSON MUST SIGN).

I declare under penalty of perjury that the foregoing statements on this form are true and correct. (Declaration under penalty of perjury applies to each and every person signing this form except as a witness.)

SIGNATURE

DATE SIGNED

PLACE SIGNED (COUNTY)

TELEPHONE NUMBER

RELATIONSHIP TO APPLICANT (LEGAL GUARDIAN, SON, WIFE, FRIEND, AUTHORIZED REPRESENTATIVE, ETC.)

ADDRESS

APPLICATION FOR SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)

NAME			COUNTY USE ONLY
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	
ADDRESS (NUMBER, STREET, APARTMENT NO., CITY, ZIP)			TELEPHONE NUMBER

1. Are you currently receiving benefits from the State Supplementary Program for the Aged, Blind and Disabled? ☐ Yes ☐ No

2. a. Are you married? ☐ Yes ☐ No

b. If Yes, is your spouse also a recipient under the State Supplementary Program? ☐ Yes ☐ No

3. Do you own your home? ☐ Yes ☐ No

4. Property Taxes: Do you and your spouse pay property taxes on your home in excess of \$180 a year? ☐ Yes ☐ No

If Yes, indicate the amount of your most current property tax bill \$ _____

NOTE:

A. IF THIS REQUEST IS ONLY FOR A PROPERTY TAX ALLOWANCE - STOP - GO TO LINE 9 AND SIGN THIS FORM.

B. IF THIS REQUEST IS FOR SPECIAL NEEDS OTHER THAN PROPERTY TAX - COMPLETE THE ENTIRE FORM.

5. List all liquid assets you or you and your spouse own, such as bank accounts, or other cash reserves:

ITEM

AMOUNT

_____	_____
_____	_____
_____	_____
_____	_____

6. Have you experienced a catastrophe such as a fire, flood, or earthquake which has damaged your possessions? ☐ Yes ☐ No

Explain: _____

7. If you **OWN** your home, do you need housing repairs in order to make your home safe and healthful? ☐ Yes ☐ No

Explain: _____

8. a. Are you moving away from your current residence? ☐ Yes ☐ No

If Yes, indicate the reason you are moving:

(1) ☐ You've been evicted. (2) ☐ Your current housing is unsafe and unhealthful.

b. Where are you moving to?

NEW ADDRESS _____ CITY _____ STATE _____

c. Is your new residence: (1) A home which you are buying? ☐ Yes (complete d. below) ☐ No

(2) A rental property, i.e., an apartment, etc? ☐ Yes (complete e. below) ☐ No

d. If your new residence is a HOME WHICH YOU ARE BUYING, indicate the costs (IF ANY) of the following:

Down payment \$ _____ Closing costs \$ _____ Real Estate Fees \$ _____

Other costs (explain) \$ _____

e. If your new residence is RENTAL PROPERTY, indicate the costs (IF ANY) of the following:

Utility deposits \$ _____ Rental Fees \$ _____ Cleaning Fees \$ _____

9. CERTIFICATION

I agree to notify the welfare department at once if there are any changes in my sources and amounts of liquid assets, or any change of address.

I understand that proof of my statements on this form is required, and each statement is subject to investigation and verification and my signature constitutes authorization for such investigations.

I declare under penalty of perjury that the foregoing statements on this form are true and correct. (Declaration under penalty of perjury applies to each and every person signing this form except as a witness.)

SIGNATURE OF APPLICANT (IF YOU USE A MARK, ONE WITNESS MUST SIGN BELOW)

DATE SIGNED

PLACE SIGNED (COUNTY)

SPOUSE OR OTHER PARENT (IF LIVING IN THE HOME)

SIGNATURE OF WITNESS

Signature of person completing this form on behalf of applicant (if you have a legal guardian, this person must sign).

I declare under penalty of perjury that the foregoing statements on this form are true and correct. (Declaration under penalty of perjury applies to each and every person signing this form except as a witness.)

SIGNATURE

DATE SIGNED

PLACE SIGNED (COUNTY)

TELEPHONE NUMBER

RELATIONSHIP TO APPLICANT (LEGAL GUARDIAN, SON, WIFE, FRIEND, AUTHORIZED REPRESENTATIVE, ETC.)

ADDRESS

VERIFICATION OF NEED FOR A SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)

NAME			COUNTY USE ONLY
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	
ADDRESS (NUMBER, STREET, APARTMENT NO., CITY, ZIP)			TELEPHONE NUMBER

CURRENT SSP STATUS: Eligible this month ☐ Yes ☐ No

VERIFICATION OF NEED:

1. Need determined to be: _____

2. Supporting documentation: _____

3. Gross amount of needs ITEM AMOUNT

\$ _____

Total gross amount of needs: \$ _____

Less available liquid assets:

\$ (_____)

Balance of needs \$ _____

4. ☐ Approved in amount of \$ _____ effective _____

☐ Disapproved. Basis: _____

DATE	ELIGIBILITY WORKER NAME	TELEPHONE	NOTIFIED CLIENT ON
			PRIOR AUTHORIZATION FORM TO CLIENT ON
Reviewed:	ELIGIBILITY SUPERVISOR	APPROVED	DISAPPROVED
Date:			

COMPUTATION OF SPECIAL CIRCUMSTANCES ALLOWANCE - PROPERTY TAX (EAS 46-425)

A. Determination of Tax Liability			
1. Total amount of tax bill (verify from tax bill)	\$		
2. Amount of tax bill attributable to applicant	\$		
3. 1/12th of tax bill amount attributable to applicant	\$		
AMOUNT			
AMOUNT			
AMOUNT			
B. Computation Special Circumstances Allowance Monthly Basis			
1. Amount determined in A3 (1/12th of tax bill)	\$		
2. Deduct \$15.00 (1/12th of \$180.00)	\$	15.00	
3. Balance - Monthly special circumstances needs (Not to exceed \$41.67)			
4. Adjustments (for prior period allowances)			
5. Net monthly special circumstances allowance	\$		
AMOUNT			
AMOUNT			
AMOUNT			
C. Computation Special Circumstances Allowance Semi Annual Basis			
1. Amount determined in A2 (total yearly amount of tax bill attributable to applicant)	\$		
2. Deduct \$180.00	\$	180.00	
3. Balance - Yearly special circumstances property tax needs			
4. Semi-annual needs amount ($C3 \div 2$)			
5. Adjustments (for prior period allowances)			
6. Semi annual allowance special circumstances property tax			
AMOUNT			
AMOUNT			
AMOUNT			

USE FOR COMPUTATIONS IF NECESSARY:

DATE	ELIGIBILITY WORKER NAME	TELEPHONE	NOTIFIED CLIENT ON
Reviewed:	ELIGIBILITY SUPERVISOR	APPROVED	DISAPPROVED
Date:			

VERIFICATION OF NEED FOR SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)

NAME			COUNTY USE ONLY
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	
ADDRESS (NUMBER, STREET, APARTMENT NO., CITY, ZIP)			TELEPHONE NUMBER

CURRENT SSP STATUS: Eligible this month ☐ Yes ☐ No

VERIFICATION OF NEED:

1. Need determined to be: _____

2. Supporting documentation: _____

3. Gross amount of needs	ITEM	AMOUNT
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total gross amount of needs: \$ _____

Less available liquid assets:

\$ (_____)

Balance of needs \$ _____

4. ☐ Approved in amount of \$ _____ effective _____

☐ Disapproved. Basis: _____

DATE	ELIGIBILITY WORKER NAME	TELEPHONE	NOTIFIED CLIENT ON
Reviewed:	ELIGIBILITY SUPERVISOR	APPROVED	PRIOR AUTHORIZATION FORM TO CLIENT ON
Date:			DISAPPROVED

COMPUTATION OF SPECIAL CIRCUMSTANCES ALLOWANCE - PROPERTY TAX (EAS 46-425)

A. Determination of Tax Liability			
AMOUNT	AMOUNT	AMOUNT	AMOUNT
\$	\$	\$	\$
1. Total amount of tax bill (verify from tax bill)			
\$	\$	\$	\$
2. Amount of tax bill attributable to applicant			
\$	\$	\$	\$
3. 1/12th of tax bill amount attributable to applicant			
B. Computation Special Circumstances Allowance Monthly Basis			
AMOUNT	AMOUNT	AMOUNT	AMOUNT
\$	\$	\$	\$
1. Amount determined in A3 (1/12th of tax bill)			
\$	\$	\$	\$
2. Deduct \$15.00 (1/12th of \$180.00)			
\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00
3. Balance - Monthly special circumstances needs (Not to exceed \$41.67)			
4. Adjustments (for prior period allowances)			
5. Net monthly special circumstances allowance			
C. Computation Special Circumstances Allowance Semi Annual Basis			
AMOUNT	AMOUNT	AMOUNT	AMOUNT
\$	\$	\$	\$
1. Amount determined in A2 (total yearly amount of tax bill attributable to applicant)			
\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00
2. Deduct \$180.00			
\$	\$	\$	\$
3. Balance - Yearly special circumstances property tax needs			
4. Semi-annual needs amount (C3 ÷ 2)			
5. Adjustments (for prior period allowances)			
6. Semi annual allowance special circumstances property tax			

USE FOR COMPUTATIONS IF NECESSARY:

DATE	ELIGIBILITY WORKER NAME	TELEPHONE	NOTIFIED CLIENT ON
Reviewed:	ELIGIBILITY SUPERVISOR	APPROVED	DISAPPROVED
Date:			

**PRIOR APPROVAL AUTHORIZATION TO OBTAIN SERVICES
UNDER SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)**

NAME			COUNTY USE ONLY
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	
ADDRESS (NUMBER, STREET, APARTMENT NO., CITY, ZIP)			TELEPHONE NUMBER

You are hereby authorized to purchase, obtain, or contract for the following special circumstance allowance items:

The total cost is estimated to be \$ _____

You will need to use the following resources to partially offset these costs:

Balance of costs to be allowed as special circumstances. \$ _____

When you have completed these needs, **IMMEDIATELY** bring this authorization form, together with all of the Vendor's invoices, bills, contracts, etc., to this office, so that payment can be made to you.

ELIGIBILITY WORKER	TELEPHONE
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**PRIOR APPROVAL AUTHORIZATION TO OBTAIN SERVICES
UNDER SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46-425)**

NAME

COUNTY USE ONLY

SOCIAL SECURITY NUMBER

TITLE XVI/WELFARE CASE NUMBER

BIRTHDATE

ADDRESS (NUMBER, STREET, APARTMENT NO., CITY, ZIP)

TELEPHONE NUMBER

You are hereby authorized to purchase, obtain, or contract for the following special circumstance allowance items:

The total cost is estimated to be \$ _____

You will need to use the following resources to partially offset these costs:

Balance of costs to be allowed as special circumstances. \$ _____

When you have completed these needs, IMMEDIATELY bring this authorization form, together with all of the Vendor's invoices, bills, contracts, etc., to this office, so that payment can be made to you.

ELIGIBILITY WORKER

TELEPHONE